

**TLC PROGRAM ASSESSMENT**

**(Please PRINT all information)**

Name: \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**e-mail** \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you currently in school? (If yes, list name of school) \_\_\_\_\_

Classification (year in school): \_\_\_\_\_

**If not in school**, what year and grade level did you finish or stop attending? \_\_\_\_\_

**If not in school or employed**, how do you spend your time on a daily basis? \_\_\_\_\_

\_\_\_\_\_.

Emergency (Additional) Contact: (If we are unable to reach you at the number(s) left above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

What do you expect to gain from the TLC program? \_\_\_\_\_

\_\_\_\_\_

Name of Judge whom placed you in this program: \_\_\_\_\_

**Please List your current Citation (s) by name: (If speeding, how fast?)**

- 1.
- 2.
- 3.
- 4.

**Were your license suspended from this charge?** \_\_\_\_\_

**Are you currently participating with another court ordered program related to this charge?** \_\_\_\_\_ **If yes, what program?** \_\_\_\_\_

**Contact name and number of individual supervising your progress** \_\_\_\_\_  
\_\_\_\_\_.

**Date of TLC sentencing (court date):** \_\_\_\_\_

**Car Driven at time of Citation:** Own \_\_\_\_\_ **Parents:** \_\_\_\_\_ **Other** \_\_\_\_\_

**What were the events that led up to the current citation that place you in TLC?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Were you listening to music at the time the violation occurred?** \_\_\_\_\_

**Where you using a cell phone at the time the violation occurred?** \_\_\_\_\_

**Have you had any other legal charges or traffic citations before? (not including this charge):**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any history of probation for traffic or criminal charges? (any kind):** \_\_\_\_\_

\_\_\_\_\_

**How often do you wear your seatbelt as a driver or passenger? (Circle one below please)**

Never

sometimes

often

always



At what age did you **first try** alcohol? \_\_\_\_\_ Type: \_\_\_\_\_  
Do you consume alcohol **now**? \_\_\_\_\_ Type: \_\_\_\_\_  
How much alcohol do you consume per day \_\_\_\_\_ per month \_\_\_\_\_  
Preferred type of alcohol: \_\_\_\_\_  
Conditions in which you normally drink: \_\_\_\_\_

At what age did you **first try** drugs? \_\_\_\_\_ which drug(s): \_\_\_\_\_  
Do you use drugs **now**? \_\_\_\_\_ which drug(s): \_\_\_\_\_  
Amount of drugs consumed per day \_\_\_\_\_ per month \_\_\_\_\_  
Drug (s) of Choice: \_\_\_\_\_  
Conditions in which you normally use drugs: \_\_\_\_\_

Do you have any **immediate** family members who suffer from alcohol/drug abuse?

Have you ever been diagnosed as having **ADD/ADHD**? \_\_\_\_\_

Have you ever been diagnosed with a mental health issue? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

Are you currently taking any prescribed medication related to your mental health issue(s)?  
\_\_\_\_\_ Please list all medications: \_\_\_\_\_

Do you have any immediate family members diagnosed with a mental health issue?

**(For TLC Staff Use)**

NOTES: \_\_\_\_\_